

City of Milwaukee

High Deductible Health Plan (HDHP) for Active City Employees

The City's High Deductible Health Plan (HDHP) will have a benefit design and coverage that is **VERY DIFFERENT** from the UHC-Choice and Choice Plus plans, including the following. **Please review carefully before selecting this plan.**

In-Network Providers: Members selecting the HDHP will need to use in-network providers for all covered services and will use the UHC Choice Network panel of providers.

Combined Deductible: Members selecting the HDHP will have a combined \$1,500 (single) and \$3,000 (family) deductible for their medical and prescription drugs. If the member selects family, one person in the family may be responsible for the entire \$3,000 family deductible, unlike other city plans.

Co-Insurance: Members selecting the HDHP will have a \$1,500 (single) and \$3,000 (family) co-insurance for medical services. If the member selects family, one person may be responsible for the entire \$3,000 co-insurance.

Out of Pocket Maximum (OOP max): Members selecting the HDHP will have a \$3,000 (single) and \$6,000 (family) combined medical and prescription drug OOP max. If the member selects family, one person in the family may be responsible for the entire \$6,000 family OOP max.

Prescription Drugs: Members selecting the HDHP will pay 100% for prescription drugs as part of a joint medical and prescription drug deductible and OOP max. After the member or family deductible for medical and prescription drug cost (\$1,500 or \$3,000) is met, then member will pay 20% of the total cost for prescription drugs until the OOP max (\$3,000 or \$6,000) is met. There are no minimum or maximum costs for prescription drugs with the HDHP. The combined HDHP deductibles and OOP max do apply.

Emergency Room: Members selecting the HDHP will pay 100% for emergency room services until their full single/family deductible is met. After the deductible is met, the member will be responsible for co-insurance until their \$3,000 or \$6,000 OOP max is met.

Preventive Care: Preventive services are covered at 100% without deductible and OOP max, but must be submitted with appropriate preventive coding.

Premium Tier 1 Providers: Members selecting the HDHP will have a 70% co-insurance if they see a non-Tier 1 Premium provider or 90% co-insurance if they see a Tier 1 Premium provider.

Qualified High Deductible Health Plan: The plan is a qualified high deductible health plan that allows a member to set up a health savings account (HSA). The City **will not** be contributing to a member's HSA.

The rates for the HDHP are on the DER website at www.milwaukee.gov/der/benefits2016.

2016 Rate Chart For High Deductible Health Plan (HDHP)

This Chart applies to all Employees whose positions are represented by any of the following units:

MPA, MPSO, SWORN POLICE MGT, LOCAL 215, SWORN FIRE MGT

ALL ACTIVE FULL TIME CITY EMPLOYEES

EMPLOYEE RATE INFORMATION

An employee's deduction, listed below "Employee Bi-Weekly Rate" for the plan selected, will be taken twice a month.

In the months where there are 3 paychecks, no deduction is taken on the 3rd check of the month.

2016 Employee HIGH DEDUCTIBLE HEALTH PLAN Payroll Contribution.

HEALTH PLAN	UHC High Deductible Health Plan (HDHP)				
	UHC Premium Bi-Weekly	City Share Bi-Weekly	Employee Bi-Weekly Rate	Employee Monthly Rate	
Single	\$ 299.25	\$ 268.34	\$ 30.91	\$ 61.82	<p>The City's High Deductible Health Plan (HDHP) has a benefit design and coverage that is VERY DIFFERENT from the UHC Choice and Choice Plus plans.</p> <p>Although the premium is slightly lower, please review the differences below carefully before selecting this plan.</p> <p>See the Open Enrollment Booklet for more details.</p>
Employee + Spouse	\$ 598.49	\$ 536.67	\$ 61.82	\$ 123.64	
Employee + Child(ren)	\$ 449.11	\$ 400.22	\$ 48.89	\$ 97.78	
Family	\$ 897.74	\$ 800.01	\$ 97.73	\$ 195.46	

In-Network providers: Only in-network providers are covered under this plan.

Combined Deductible: There is a \$1,500/\$3,000 single/family combined deductible for medical and prescription drugs. One person in a family plan may be responsible for the entire \$3,000 family deductible.

Co-Insurance: There is a \$1,500/\$3,000 single/family co-insurance for medical services. One Person in a family plan may be responsible for the entire \$3,000 co-insurance. There is a 70% co-insurance for non-Tier 1 Premium providers and 90% for Tier 1 Premium providers.

Out of Pocket Maximum (OOPM): There is a \$1,500/\$3000 single/family combined medical and prescription drug OOPM. One person in a family plan may be responsible for the entire \$6,000 family OOPM.

Prescription Drugs: Members pay 100% for prescription drugs with combined medical/prescription drug deductible and then 20% co-insurance until the OOPM \$3,000/\$6,000 is met. There are no minimum/maximum costs for prescription drugs.

Emergency Room: Members pay 100% for emergency room services until the full single/family deductible is met and then pays a \$200 co-pay until the \$3,000/\$6,000 OOPM is met.

DISCLAIMER: The benefit design and rate equivalents are subject to change by Common Council action.

ACA NOTICE: If an employee waives their health insurance and if the employee does not have other health insurance benefits or coverage through a spouse or family member, the employee will be subject to the Affordable Care Act and any financial penalties associated with not having health insurance benefits.